

<b>COMBINED DECLARATION &amp; POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  Declaration Submitted With Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted After Initial Filing (37 CFR 1.16(e) Required)	Attorney Docket Number	PG1-1
	First Named Inventor	Herve Jouishomme
	<b>COMPLETE IF KNOWN</b>	
	Application Number	09/980,080
	Filing Date	30 November 2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**3-DIMENSIONAL IN VITRO MODELS OF MAMMALIAN TISSUES**

the specification of which

☐ is attached hereto OR

☒ as filed on (MM/DD/YYYY) 06/02/2000 as United States Application Number or PCT International Application Number PCT/CA00/00650 and was amended on (MM/DD/YYYY) 09/06/2001

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplementary priority data sheet (PTO/SB/02B) attached hereto:

**COMBINED DECLARATION & POWER OF ATTORNEY-  
Utility or Design Patent Application**

Attorney Docket No. PG1-1

I hereby appoint **J. Wayne Anderson, Regn no. 28,158**

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

J. Wayne Anderson, Regn No: 28,158  
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I hereby declare that all statements made herein of my own knowledge are true and that all statements were made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Herve**

Family Name or Surname **Jouishomme**

Inventor's Signature 

Date **May 10<sup>th</sup> 2003**

Residence: City **Venissieux**

State

Country **France**

Citizenship **France**

Mailing Address **3 rue Roger Salengro**

City **Venissieux**

State

ZIP

Country **France**

**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Jenny**

Family Name or Surname **Phipps**

Inventor's Signature

Date

Residence: City **Chelsea**

State **Quebec**

Country **Canada**

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Mailing Address **980 Route 105**

City **Chelsea**

State **Quebec**

ZIP **J9B 1P3**

Country **Canada**

**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Michel**

Family Name or Surname **Phipps**

Inventor's Signature

Date

Residence: City **Chelsea**

State **Quebec**

Country **Canada**

Citizenship **Canadian**

Mailing Address **980 Route 105**

City **Chelsea**

State **Quebec**

ZIP **J9B 1P3**

Country **Canada**

☐ Additional Inventors are being named on the supplemental Additional Inventors sheet PTO/SB/02A attached hereto.

COMBINED DECLARATION & POWER OF ATTORNEY- Utility or Design Patent Application			ADDITIONAL INVENTOR(S) Supplemental Sheet 11280-01 US	
NAME OF FORTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Suzanne</b>			Family Name or Surname <b>Lacelle</b>	
Inventor's Signature			Date	
Residence: City <b>Orleans</b>	State <b>Ontario</b>	Country <b>Canada</b>	Citizenship <b>Canadian</b>	
Mailing Address <b>921 Chaleur Way</b>				
City <b>Orleans</b>	State <b>Ontario</b>	ZIP <b>K1C 2R9</b>	Country <b>Canada</b>	
NAME OF FIFTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	
NAME OF SIXTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	
NAME OF SEVENTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature			Date	
Residence	State		Citizenship	
City	State	ZIP	Country	